Medical Coverage Policy

Dental Services Rendered in the Outpatient Setting - PREAUTH

☐ Device/Equipment  ☐ Drug  ☑ Medical  ☐ Surgery  ☐ Test  ☐ Other

Effective Date:  7/1/2011  |  Policy Last Updated:  1/22/2013

☑ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☐ Prospective review is not required.

This policy addresses the payment process relating to facility charges when a dental procedure is rendered for members with a qualifying medical condition.

Description:
When a member has a significant qualifying medical condition, a dentist may request preauthorization to perform the dental service in a setting other than the dental office.

Medical criteria:
While most dental treatment may be performed in an office setting, some members needing dental treatment may have a qualifying medical condition that requires the procedure be provided at an inpatient/outpatient hospital setting or ambulatory surgical center.

1. Documented medical conditions such as but not limited to:
   - Heart disease, including congenital defects and prosthetic heart valve that require strict anticoagulation
   - Endocrine disturbances, including brittle diabetes and adrenal insufficiency
   - Blood dyscrasias, including coagulation defects
   - Neuromuscular disease, including spastic paralysis and muscular dystonias
   - Pulmonary disease including asthma that cannot safely be managed in an office setting
   - Genetic disease, including cystic fibrosis and cleft palate

2. Mental retardation complicated by seizure disorders, cerebral palsy, or behavior disorders.

3. Documented severe emotional disturbance/behavioral disorders.

4. Rampant caries in a patient less than forty-eight (48) months of age (Baby Bottle Syndrome).

5. Extreme apprehension in children with documentation of unsuccessful attempt(s) at office treatment with sedation.
Policy:
Prior authorization is required for BlueCHiP for Medicare and recommended for all other BCBSRI products.

Facility charges (e.g., operating room, anesthesia, medical consults) are eligible for coverage under the member's medical benefit when the criteria are met.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable Dental and Inpatient/Outpatient/Free-Standing Ambulatory Surgery benefits/coverage.

Coverage for dental services performed by the oral surgeon/dentist will be provided through the *dental benefit. If the member has no dental coverage, payment for the dental services is the member's responsibility.

Coding:
Note to Facilities: To insure correct claim processing, facilities are requested to use the following HCPCS dental and Revenue codes:

Outpatient Surgery Revenue Codes:
0360 Operating Room Services and
0361 Operating Room Services: Minor surgery

HCPCS Dental Procedures:
Related Topics:
Dental Services for Accidental Injury
Oral Surgeons Filing Anesthesia Services in the Office Setting

Published:
Provider Update, April 2013
Provider Update, May 2011
Provider Update, December 2011
Provider Update, July 2009
Provider Update, April 2008
Policy Update, January 2008
Policy Update, August 2007
Policy Update, June 2005

Review History:
01/22/2013: Annual review of the policy.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance.
to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.